Case 15-11904-VFP Doc 1 Filed 02/03/15 Entered 02/03/15 14:31:55 Desc Main Document Page 1 of 50

B1 (Official )	Form 1)(04					oann		· 4	90 ± 01		1			
			United 1		Banki t of New			ourt				Vol	untary	Petition
	ebtor (if ind n, Elijah S		er Last, First	, Middle):				Name	of Joint De	ebtor (Spouse	) (Last, First	, Middle):		
All Other Na (include mar				8 years				All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):						
Last four dig	e, state all)	Sec. or Indi	vidual-Taxpa	ayer I.D. (	(ITIN)/Com	plete El	IN	Last fo	our digits o	f Soc. Sec. or	· Individual-1	Гахрауег I.I	D. (ITIN) N	o./Complete EIN
211 She	Street Address of Debtor (No. and Street, City, and State):  211 Sherman Street  Linden, NJ					Street	Address of	Joint Debtor	(No. and Str	reet, City, a	nd State):			
,					_	ZIP (		4						ZIP Code
County of Ro	County of Residence or of the Principal Place of Business:  Union				<u> </u>	County	y of Reside	ence or of the	Principal Pla	ace of Busir	ness:			
Mailing Add	lress of Del	otor (if diffe	rent from str	eet addres	ss):			Mailin	g Address	of Joint Debt	or (if differe	nt from stre	et address):	
		(			,.				6				,	
					г	ZIP (	Code	4						ZIP Code
Location of l (if different f				•										1
(Form	• •	f Debtor	one hov)		Nature (Check	of Busin				•	of Bankrup Petition is Fi			ch
(Form of Organization) (Check one box)  ■ Individual (includes Joint Debtors)  See Exhibit D on page 2 of this form.  □ Corporation (includes LLC and LLP)  □ Partnership  □ Other (If debtor is not one of the above entities, check this box and state type of entity below.)			ors) n. LLP) bove entities,	<ul> <li>☐ Health Care Business</li> <li>☐ Single Asset Real Estate as def in 11 U.S.C. § 101 (51B)</li> <li>☐ Railroad</li> <li>☐ Stockbroker</li> <li>☐ Commodity Broker</li> <li>☐ Clearing Bank</li> </ul>			fined	☐ Chapt ☐ Chapt ☐ Chapt ☐ Chapt ☐ Chapt ☐ Chapt	er 7 er 9 er 11 er 12	☐ Cl of ☐ Cl of	hapter 15 Pe a Foreign M hapter 15 Pe a Foreign M	etition for R Main Procee etition for R	eding ecognition	
	-	15 Debtors		Oth	Tax-Exe	mnt Fr	atity					e of Debts		
Each country by, regarding,	in which a fe	oreign procee	eding	unde	(Check box tor is a tax-exer Title 26 of e (the Interna	k, if appli kempt or the Unit	icable) ganizatio ed States	S	defined "incurr	re primarily co I in 11 U.S.C. § ed by an indivi nal, family, or	onsumer debts, 101(8) as dual primarily	for		are primarily ess debts.
	Fi	ling Fee (C	heck one box	κ)		Ch	neck one	box:	I	Chap	ter 11 Debt	ors		
attach sigr	to be paid in ned application	n installments on for the cou	(applicable to urt's considerate in installments.	ion certifyi	ng that the	t Ch	☐ Debtineck if: ☐ Debt	tor is not tor's aggr	a small busi		defined in 11 U	J.S.C. § 101(standard leading debts	51D). owed to inside	ders or affiliates) se years thereafter).
☐ Filing Fee			able to chapter art's considerat			ıst	☐ A pl	eptances of	g filed with of the plan w	this petition. vere solicited pr S.C. § 1126(b).	repetition from	one or more	classes of cr	editors,
Debtor es	stimates that	nt funds will nt, after any	ation be available exempt prop for distribut	erty is ex	cluded and	adminis			s paid,		THIS	SPACE IS F	OR COURT	USE ONLY
Estimated No.	umber of C  50- 99	reditors  100- 199	200- 999	1,000- 5,000	5,001- 10,000	10,001 25,000		5,001- 0,000	50,001- 100,000	OVER 100,000				
Estimated As	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000 to \$100 million	to	00,000,001 \$500 Ilion	\$500,000,001 to \$1 billion	More than \$1 billion				
Estimated Li	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000 to \$100 million	to		\$500,000,001 to \$1 billion					

Case 15-11904-VFP Doc 1 Filed 02/03/15 Entered 02/03/15 14:31:55 Desc Main Document Page 2 of 50

**B1** (Official Form 1)(04/13) Page 2 Name of Debtor(s): Voluntary Petition Johnson, Elijah Sr. (This page must be completed and filed in every case) All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet) Case Number: Date Filed: Location Where Filed: New Jersey 14-12020 2/05/14 Case Number: Date Filed: Location Where Filed: Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor (If more than one, attach additional sheet) Name of Debtor: Case Number: Date Filed: - None -District: Relationship: Judge: Exhibit B Exhibit A (To be completed if debtor is an individual whose debts are primarily consumer debts.) I, the attorney for the petitioner named in the foregoing petition, declare that I (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 under each such chapter. I further certify that I delivered to the debtor the notice and is requesting relief under chapter 11.) required by 11 U.S.C. §342(b). ☐ Exhibit A is attached and made a part of this petition. X /s/ Bruce W. Radowitz, Esq. February 3, 2015 Signature of Attorney for Debtor(s) (Date) Bruce W. Radowitz, Esq. Exhibit C Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? Yes, and Exhibit C is attached and made a part of this petition. No. Exhibit D (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.) Exhibit D completed and signed by the debtor is attached and made a part of this petition. If this is a joint petition: ☐ Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition. Information Regarding the Debtor - Venue (Check any applicable box) Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District. Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District. Certification by a Debtor Who Resides as a Tenant of Residential Property (Check all applicable boxes) Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.) (Name of landlord that obtained judgment) (Address of landlord) Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and Debtor has included with this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition. Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).

B1 (Official Form 1)(04/13) Document Page 3 of 50

### **Voluntary Petition**

(This page must be completed and filed in every case)

### Signature(s) of Debtor(s) (Individual/Joint)

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

#### X /s/ Elijah Johnson, Sr.

Signature of Debtor Elijah Johnson, Sr.

 $\mathbf{X}$ 

Signature of Joint Debtor

Telephone Number (If not represented by attorney)

February 3, 2015

Date

#### Signature of Attorney\*

#### X /s/ Bruce W. Radowitz, Esq.

Signature of Attorney for Debtor(s)

#### Bruce W. Radowitz, Esq.

Printed Name of Attorney for Debtor(s)

#### Bruce W. Radowitz, Esq. PA

Firm Name

636 Chestnut Street Union, NJ 07083

Address

### Email: bradowitz@comcast.net

(908) 687-2333 Fax: (908) 687-6330

Telephone Number

#### February 3, 2015

Date

\*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

#### **Signature of Debtor (Corporation/Partnership)**

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

Name of Debtor(s):

Johnson, Elijah Sr.

#### **Signatures**

#### Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

- ☐ I request relief in accordance with chapter 15 of title 11. United States Code. Certified copies of the documents required by 11 U.S.C. §1515 are attached.
- ☐ Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

X

Signature of Foreign Representative

Printed Name of Foreign Representative

Date

#### Signature of Non-Attorney Bankruptcy Petition Preparer

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social-Security number (If the bankrutpcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.)(Required by 11 U.S.C. § 110.)

X

Date

Address

Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. §110; 18 U.S.C. §156.

# Case 15-11904-VFP Doc 1 Filed 02/03/15 Entered 02/03/15 14:31:55 Desc Main Document Page 4 of 50

B 1D (Official Form 1, Exhibit D) (12/09)

### United States Bankruptcy Court District of New Jersey

		District of New Jersey		
In re	Elijah Johnson, Sr.		Case No.	
•		Debtor(s)	Chapter	13

# EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH CREDIT COUNSELING REQUIREMENT

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

- 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency*.
- □ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*
- □ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. [Summarize exigent circumstances here.]

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

☐ 4. I am not required to receive a credit counseling briefing because of: [Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]

Case 15-11904-VFP Doc 1 Filed 02/03/15 Entered 02/03/15 14:31:55 Desc Main Document Page 5 of 50

B 1D (Official Form 1, Exhibit D) (12/09) - Cont.	Page 2				
☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.); ☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.); ☐ Active military duty in a military combat zone.					
□ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.					
I certify under penalty of perjury that the in	I certify under penalty of perjury that the information provided above is true and correct.				
8	/s/ Elijah Johnson, Sr. Elijah Johnson, Sr.				
Date: February 3, 2015	5				

Case 15-11904-VFP Doc 1 Filed 02/03/15 Entered 02/03/15 14:31:55 Desc Main Document Page 6 of 50

B6 Summary (Official Form 6 - Summary) (12/14)

# **United States Bankruptcy Court District of New Jersey**

In re	Elijah Johnson, Sr.		Case No.		
_		Debtor			
			Chapter	13	
			* -		

### SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	600,000.00		
B - Personal Property	Yes	3	7,550.00		
C - Property Claimed as Exempt	Yes	1			
D - Creditors Holding Secured Claims	Yes	1		425,800.00	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	2		104,500.00	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	2		22,414.00	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	2			7,245.00
J - Current Expenditures of Individual Debtor(s)	Yes	2			5,235.00
Total Number of Sheets of ALL Schedules		16			
	T	otal Assets	607,550.00		
			Total Liabilities	552,714.00	

Case 15-11904-VFP Doc 1 Filed 02/03/15 Entered 02/03/15 14:31:55 Desc Main Document Page 7 of 50

B 6 Summary (Official Form 6 - Summary) (12/14)

# **United States Bankruptcy Court District of New Jersey**

In re	Elijah Johnson, Sr.		Case No	
-	<u> </u>	Debtor ,		
			Chapter	13

### STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C.§ 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C.  $\S$  159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	104,500.00
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	0.00
Student Loan Obligations (from Schedule F)	0.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	0.00
TOTAL	104,500.00

#### State the following:

Average Income (from Schedule I, Line 12)	7,245.00
Average Expenses (from Schedule J, Line 22)	5,235.00
Current Monthly Income (from Form 22A-1 Line 11; OR, Form 22B Line 14; OR, Form 22C-1 Line 14)	7,950.00

#### State the following:

Total from Schedule D, "UNSECURED PORTION, IF ANY"     column		0.00
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column	104,500.00	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		0.00
4. Total from Schedule F		22,414.00
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		22,414.00

Case 15-11904-VFP Doc 1 Filed 02/03/15 Entered 02/03/15 14:31:55 Desc Main Document Page 8 of 50

B6A (Official Form 6A) (12/07)

In re	Elijah Johnson, Sr.	Case No.	
_		Debtor	

#### **SCHEDULE A - REAL PROPERTY**

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim." If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

Description and Location of Property	Nature of Debtor's Interest in Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption	Amount of Secured Claim
1016 Bishop Evans Way, Linden, NJ	fee simple	-	150,000.00	75,000.00
211 Sherman Street, Linden, NJ 07036	fee simple	-	350,000.00	350,000.00
1211 Morris Street, Roselle, NJ	fee simple	-	100,000.00	0.00

Sub-Total > 600,000.00 (Total of this page)

600,000.00 Total >

**0** continuation sheets attached to the Schedule of Real Property

(Report also on Summary of Schedules)

Case 15-11904-VFP Doc 1 Filed 02/03/15 Entered 02/03/15 14:31:55 Desc Main Document Page 9 of 50

B6B (Official Form 6B) (12/07)

In re	Elijah Johnson, Sr.	Case No.	
·		Debtor	

#### SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

	Type of Property	N O Description and Location of Property E	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
1.	Cash on hand	cash	-	50.00
2.	Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.	checking and savings account, Bank of America	-	500.00
3.	Security deposits with public utilities, telephone companies, landlords, and others.	Х		
4.	Household goods and furnishings, including audio, video, and computer equipment.	used furniture	-	1,000.00
5.	Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	X		
6.	Wearing apparel.	used clothing	-	1,000.00
7.	Furs and jewelry.	х		
8.	Firearms and sports, photographic, and other hobby equipment.	х		
9.	Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	X		
10.	Annuities. Itemize and name each issuer.	X		
		(Tot	Sub-Total of this page)	al > <b>2,550.00</b>

2 continuation sheets attached to the Schedule of Personal Property

Case 15-11904-VFP Doc 1 Filed 02/03/15 Entered 02/03/15 14:31:55 Desc Main Document Page 10 of 50

B6B (Official Form 6B) (12/07) - Cont.

In re	Elijah Johnson, Sr.	Case No.
-	<del>-</del>	Debtor

# SCHEDULE B - PERSONAL PROPERTY (Continuation Sheet)

	Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
11.	Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			
12.	Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.	X			
13.	Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14.	Interests in partnerships or joint ventures. Itemize.	X			
15.	Government and corporate bonds and other negotiable and nonnegotiable instruments.	X			
16.	Accounts receivable.	X			
17.	Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	X			
18.	Other liquidated debts owed to debtor including tax refunds. Give particulars.	X			
19.	Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	x			
20.	Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			
21.	Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	X			
			(°	Sub-Total of this page)	al > <b>0.00</b>

Sheet <u>1</u> of <u>2</u> continuation sheets attached to the Schedule of Personal Property

Case 15-11904-VFP Doc 1 Filed 02/03/15 Entered 02/03/15 14:31:55 Desc Main Document Page 11 of 50

B6B (Official Form 6B) (12/07) - Cont.

	In re	Elijah Johnson, Sr.	Case No.	
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Debtor

### **SCHEDULE B - PERSONAL PROPERTY**

(Continuation Sheet)

	Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
22.	Patents, copyrights, and other intellectual property. Give particulars.	Х			
23.	Licenses, franchises, and other general intangibles. Give particulars.	X			
24.	Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25.	Automobiles, trucks, trailers, and other vehicles and accessories.	2	008 Ford Expedition, 58,000 miles	-	5,000.00
26.	Boats, motors, and accessories.	X			
27.	Aircraft and accessories.	X			
28.	Office equipment, furnishings, and supplies.	X			
29.	Machinery, fixtures, equipment, and supplies used in business.	X			
30.	Inventory.	X			
31.	Animals.	X			
32.	Crops - growing or harvested. Give particulars.	X			
33.	Farming equipment and implements.	X			
34.	Farm supplies, chemicals, and feed.	X			
35.	Other personal property of any kind not already listed. Itemize.	X			

| Sub-Total > 5,000.00 (Total of this page) | Total > 7,550.00

Sheet **2** of **2** continuation sheets attached to the Schedule of Personal Property

(Report also on Summary of Schedules)

Case 15-11904-VFP Doc 1 Filed 02/03/15 Entered 02/03/15 14:31:55 Desc Main Document Page 12 of 50

B6C (Official Form 6C) (4/13)

In re	Elijah Johnson, Sr.	Case No	
_		Debtor	

### SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor claims the exemptions to which debtor is entitled under:

(Check one box)

11 U.S.C. §522(b)(2)

11 U.S.C. §522(b)(3)

Check if debtor claims a homestead exemption that exceeds \$155,675. (Amount subject to adjustment on 4/1/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.)

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption
Real Property 1016 Bishop Evans Way, Linden, NJ	11 U.S.C. § 522(d)(5)	12,725.00	150,000.00
211 Sherman Street, Linden, NJ 07036	11 U.S.C. § 522(d)(1)	0.00	350,000.00
Household Goods and Furnishings used furniture	11 U.S.C. § 522(d)(3)	1,000.00	1,000.00
Wearing Apparel used clothing	11 U.S.C. § 522(d)(3)	1,000.00	1,000.00
Automobiles, Trucks, Trailers, and Other Vehicles 2008 Ford Expedition, 58,000 miles	11 U.S.C. § 522(d)(2)	3,675.00	5,000.00

Total: 18,400.00 507,000.00

Case 15-11904-VFP Doc 1 Filed 02/03/15 Entered 02/03/15 14:31:55 Desc Main Document Page 13 of 50

B6D (Official Form 6D) (12/07)

In re	Elijah Johnson, Sr.	Case No.
_		Debtor

#### SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

	1.	_	ned claims to report on this schedule D.				T	
CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	ľ	sband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED,  NATURE OF LIEN, AND  DESCRIPTION AND VALUE  OF PROPERTY  SUBJECT TO LIEN	CONFINGEN	UZL-QU-DAF	SPUTE	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
Account No.			car loan	T	T E D			
Chase Auto Finance Po Box 78067 Phoenix, AZ 85062		-	2008 Ford Expedition, 58,000 miles		D			
Account No.	╀	$\vdash$	Value \$ 5,000.00	┝		Н	800.00	0.00
M&T Bank servicer for Lakeview loan c/o Alexandra T. Garica, Esq 216 Haddon Avenue, Ste 201 Westmont, NJ 08108		-	mortgage 211 Sherman Street, Linden, NJ 07036					
	╀	_	Value \$ 350,000.00	_		Н	350,000.00	0.00
Account No.  Stout Street Fund, I, LP c/o Fenstermaker & Fenstemaker, PC 1322 North Avenue Elizabeth, NJ 07208		_	mortgage  1016 Bishop Evans Way, Linden, NJ  Value \$ 150,000.00				75,000.00	0.00
Account No.			Value \$					
continuation sheets attached			(Total of t	Subt			425,800.00	0.00
			(Report on Summary of So		ota lule		425,800.00	0.00

Case 15-11904-VFP Doc 1 Filed 02/03/15 Entered 02/03/15 14:31:55 Desc Main Document Page 14 of 50

B6E (Official Form 6E) (4/13)

In re	Elijah Johnson, Sr.		Case No.	
			<u> </u>	
		Debtor		

#### SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled." (You may need to place an "X" in more than one of these three columns.)  Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total the box labeled the state of the respective that the labeled the state of the stat
"Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.  Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.  Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled t priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.
☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.
TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)
☐ Domestic support obligations
Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relation of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).
☐ Extensions of credit in an involuntary case
Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of trustee or the order for relief. 11 U.S.C. § 507(a)(3).
☐ Wages, salaries, and commissions
Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sale representatives up to \$12,475* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).
☐ Contributions to employee benefit plans
Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of busines whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).
☐ Certain farmers and fishermen
Claims of certain farmers and fishermen, up to \$6,150* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).
☐ Deposits by individuals
Claims of individuals up to \$2,775* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).
■ Taxes and certain other debts owed to governmental units
Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).
☐ Commitments to maintain the capital of an insured depository institution
Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federa Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9).
☐ Claims for death or personal injury while debtor was intoxicated
Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

<sup>\*</sup> Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

Case 15-11904-VFP Doc 1 Filed 02/03/15 Entered 02/03/15 14:31:55 Desc Main Document Page 15 of 50

B6E (Official Form 6E) (4/13) - Cont.

In re	Elijah Johnson, Sr.		Case No.	
-		Debtor		

#### SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

(Continuation Sheet)

Taxes and Certain Other Debts
Owed to Governmental Units

TYPE OF PRIORITY CODEBTOR Husband, Wife, Joint, or Community UNLIQUIDATED AMOUNT NOT ENTITLED TO PRIORITY, IF ANY CREDITOR'S NAME, ONTINGENT S P U T E D AND MAILING ADDRESS Н DATE CLAIM WAS INCURRED **AMOUNT** INCLUDING ZIP CODE, W AND CONSIDERATION FOR CLAIM OF CLAIM AMOUNT ENTITLED TO PRIORITY C AND ACCOUNT NUMBER (See instructions.) property tax Account No. **Borough of Roselle** 0.00 **Tax Collector** 210 Chestnt Street Roselle, NJ 07203 96,000.00 96,000.00 property tax Account No. City of Linden c/o Joshua Raymond, 0.00 347 Mt. Pleasant Avenue, Suite 300 West Orange, NJ 07052 8,500.00 8,500.00 Account No. Account No. Account No. Subtotal 0.00 Sheet <u>1</u> of <u>1</u> continuation sheets attached to (Total of this page) 104,500.00 104,500.00 Schedule of Creditors Holding Unsecured Priority Claims Total 0.00 (Report on Summary of Schedules) 104,500.00 104,500.00

Case 15-11904-VFP Doc 1 Filed 02/03/15 Entered 02/03/15 14:31:55 Desc Main Document Page 16 of 50

R6F	Official	Form	6F)	(12/07)
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In re	Elijah Johnson, Sr.	Case No.
_		Debtor

#### SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

			F					
CREDITOR'S NAME,	Ç	Нι	usband, Wife, Joint, or Community	č	Ų	Ŀ	7	
MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	C J H		l N G	DZL-QU-DAH	T		AMOUNT OF CLAIM
Account No.	ı				E D			
BlueVirgo Capital Managment, LLC 1441 Broadway, Suite 5010 New York, NY 10018		-			D			17,100.00
Account No. <b>2507</b>	Г			П	Г	T	†	
JP Morgan Chase Bank, NA National Bankrtupcy Depart Po Box 901032 Fort Worth, TX 76101		-						829.00
Account No. 0139	Н			$\forall$	Г	T	$\dagger$	
LVNV Funding, LLC its successor and assignee of OSI Resurgent Capital Service Po Box 10587 Greenville, SC 29603		-						1,929.00
Account No. 6125	H			$\vdash$	Т	H	+	
New Jersey Ameican Water Po Box 578 Alton, IL 62002		_						67.00
		<u> </u>		<u></u>	<u></u>	L	+	
continuation sheets attached			(Total of t	Subt his p			)	19,925.00

Case 15-11904-VFP Doc 1 Filed 02/03/15 Entered 02/03/15 14:31:55 Desc Main Document Page 17 of 50

B6F (Official Form 6F) (12/07) - Cont.

In re	Elijah Johnson, Sr.	Case No	
-		Debtor	

# SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

	-	1		1.		-	1
CREDITOR'S NAME,	0	Hu	sband, Wife, Joint, or Community	0	N	l D	
MAILING ADDRESS	CODEBTOR	H	DATE CLAIM WAS INCURRED AND	N T	L	DISPUTED	
INCLUDING ZIP CODE, AND ACCOUNT NUMBER	В	W J	CONSIDERATION FOR CLAIM. IF CLAIM	I N	Q	۱	AMOUNT OF CLAIM
(See instructions above.)	Ö	C	IS SUBJECT TO SETOFF, SO STATE.	Ğ	Ĭ	Ė	AWOUNT OF CLAIM
	_	<u> </u>		CONTINGENT	UNLIQUIDATED		
Account No. xxxxxx6800				Ι΄.	Ė		
DOTAG				$\vdash$	۲	H	-
PSE&G		l_					
Po Box 490		ľ					
Cranford, NJ 07016							
							500.00
							560.00
Account No. 0139							
	1						
Resurgent Capital Service							
Po Box 10587		-					
Greenville, SC 29603							
· ·							
							1,929.00
	┡					L	,
Account No.	l						
Account No.							
	1						
	⊢	$\vdash$		$\vdash$	L	$\vdash$	
Account No.							
	ĺ						
Sheet no1 of _1 sheets attached to Schedule of		•		Subt	ota	ıl	
Creditors Holding Unsecured Nonpriority Claims			(Total of t				2,489.00
creation from Charles (100 priority Claims			(Total of L				
					ota		22,414.00
			(Report on Summary of Sc	hed	lule	es)	22,414.00

Case 15-11904-VFP Doc 1 Filed 02/03/15 Entered 02/03/15 14:31:55 Desc Main Document Page 18 of 50

B6G (Official Form 6G) (12/07)

In re	Elijah Johnson, Sr.	Case No.	
_		Debtor	

#### SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

■ Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract

Description of Contract or Lease and Nature of Debtor's Interest. State whether lease is for nonresidential real property. State contract number of any government contract. Case 15-11904-VFP Doc 1 Filed 02/03/15 Entered 02/03/15 14:31:55 Desc Main Document Page 19 of 50

B6H (Official Form 6H) (12/07)

In re	Elijah Johnson, Sr.	Case No.
	Liijaii voimson, or.	Debtor

#### **SCHEDULE H - CODEBTORS**

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR

NAME AND ADDRESS OF CREDITOR

# Case 15-11904-VFP Doc 1 Filed 02/03/15 Entered 02/03/15 14:31:55 Desc Main Document Page 20 of 50

(SA)	in this information to idea	4:6									
	in this information to ider otor 1 Elij	ntify your ca ah Johns									
	otor 2		,								
Uni	ted States Bankruptcy Co	ourt for the	DISTRICT OF NEW J	ERSEY							
	se number lown)								ed filing ent show	ving post-petitions following date:	
<u>O</u> 1	fficial Form B 6	<u>31</u>					Ī	им / DD/ Y	YYY		
S	chedule I: You	ur Inco	ome								12/13
spo atta	use. If you are separate ch a separate sheet to t	ed and you this form. (	are married and not filir r spouse is not filing wi On the top of any addition	th you, do not incl	ude infor	mati	on abou	t your spo	ouse. If I	more space is	needed,
1.	Fill in your employme information.	ent		Debtor 1				Debtor 2	2 or non	-filing spouse	
	If you have more than of attach a separate page		Employment status	■ Employed				■ Emple	•		
	information about addit employers.			☐ Not employed				□ Not e			
	Include part-time, seas	onal or	Occupation	retired				Medica	I Secre	etary	
	self-employed work.	orial, or	Employer's name	-				Univers	sity Ho	spital Medici	ne
	Occupation may include or homemaker, if it app		Employer's address					and De Po Box Newark	3009	of New Jerse 7103	ey .
			How long employed the	nere?				<u>1</u>	1 years	s	
Par	t 2: Give Details A	About Mon	thly Income								
spou If yo	use unless you are separ u or your non-filing spous	ated. se have mo	ate you file this form. If y	·	·	•	·		·	·	J
more	e space, attach a separat	te sheet to	this form.				For De	btor 1		Debtor 2 or filing spouse	
2.			ry, and commissions (becalculate what the month)		2.	\$		0.00	\$	4,439.00	
3.	Estimate and list mon	thly overti	me pay.		3.	+\$		0.00	+\$ _	0.00	
4.	Calculate gross Incom	<b>ne.</b> Add lin	e 2 + line 3.		4.	\$		0.00	\$	4,439.00	

Official Form B 6I Schedule I: Your Income page 1

Deb	otor 1	Elijah Johnson, Sr.	_	Case	number (if known)			
				For	Debtor 1		ebtor 2 or iling spouse	
	Cop	y line 4 here	4.	\$	0.00	\$	4,439.00	
5.	List	all payroll deductions:						
	5a. 5b. 5c.	Tax, Medicare, and Social Security deductions  Mandatory contributions for retirement plans  Voluntary contributions for retirement plans	5a. 5b. 5c.	\$_ \$_	0.00 0.00 0.00	\$ \$	1,824.00 0.00 0.00	
	5d. 5e. 5f. 5g.	Required repayments of retirement fund loans Insurance Domestic support obligations Union dues	5d. 5e. 5f. 5g.	\$ \$ \$	0.00 0.00 0.00 0.00	\$ \$ \$	0.00 0.00 0.00 0.00	
	5h.	Other deductions. Specify:	5h.+	\$_		+ \$	0.00	
6.		the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	0.00	\$	1,824.00	
7. 8.		all other income regularly received:  Net income from rental property and from operating a business, profession, or farm	7.	<b>\$</b> _	0.00	\$	2,615.00	
	8b. 8c.	Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  Interest and dividends  Family support payments that you, a non-filing spouse, or a dependent regularly receive	8a. 8b. <b>t</b>	\$_ \$_	1,000.00 0.00	\$ \$	0.00	
	8d. 8e.	Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  Unemployment compensation Social Security	8c. 8d. 8e.	\$_ \$_	0.00 0.00 1,930.00	\$ \$	0.00 0.00 0.00	
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:	e 8f.	\$	0.00	\$	0.00	
	8g.	Pension or retirement income	8g.	<b>\$</b> -	1,700.00	\$	0.00	
	8h.	Other monthly income. Specify:	8h.+	\$	0.00	+ \$	0.00	
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	4,630.00	\$	0.00	
10.		culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$		4,630.00 + \$_	2,61	5.00 = \$ 7,24	45.00
11.	Inclu othe	e all other regular contributions to the expenses that you list in Schedule contributions from an unmarried partner, members of your household, you or friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not cify:	r depend		•	,	hedule J. 11. +\$	0.00
12.		the amount in the last column of line 10 to the amount in line 11. The relethat amount on the Summary of Schedules and Statistical Summary of Certailes					, , , , , , , , , , , , , , , , , , ,	45.00
13.	Do y	you expect an increase or decrease within the year after you file this form No.	n?				Combined monthly inc	ome
	_	Voc Evolain:						

Case 15-11904-VFP Doc 1 Filed 02/03/15 Entered 02/03/15 14:31:55 Desc Main Document Page 22 of 50

Eill i	n this informa	ation to identify yo	onic Case.					
Debt	or 1	Elijah Johns	on, Sr.				ck if this is:	
Debt	or 2						An amended filing	ing post potition abouter
	use, if filing)	-					13 expenses as of	ving post-petition chapter the following date:
Unite	ed States Bankı	ruptcy Court for the	: DISTRI	CT OF NEW JERSEY			MM / DD / YYYY	
							A concrete filing for	· Dobtor 2 hoosyga Dobtor
	e number nown)						2 maintains a separ	Debtor 2 because Debtor rate household
Of	ficial Fo	orm B 6J						
		J: Your	_ Expen	ISAS				12/13
Be a info num	as complete rmation. If m nber (if know	and accurate as nore space is ne n). Answer ever	possible. eded, atta ry question	If two married people ar				
Part	1: Desci	ribe Your House nt case?	hold					
	No. Go to							
		es Debtor 2 live	in a separa	ate household?				
	□N							
			st file a sep	arate Schedule J.				
2.	Do you hav	e dependents?	■ No					
	Do not list D Debtor 2.	ebtor 1 and	☐ Yes.	Fill out this information for each dependent	Dependent's relati Debtor 1 or Debtor		Dependent's age	Does dependent live with you?
	Do not state							□ No
	dependents'	' names.						☐ Yes
								□ No
								☐ Yes
								□ No
								☐ Yes ☐ No
								☐ Yes
3.	Do your exp	penses include	_	No				□ 162
	expenses o	of people other t d your depende	han 👝	Yes				
Part	2: Estim	nate Your Ongoi	na Monthi	v Expenses				
Esti exp	mate your ex	xpenses as of year the l	our bankrı	uptcy filing date unless y y is filed. If this is a supp				
				government assistance i				
	icial Form 6I		d nave inc	luded it on Schedule I: Y	our income		Your expe	enses
4.		or home owners and any rent for th		ses for your residence. In r lot.	nclude first mortgage	e 4. \$	\$	2,550.00
	If not include	ded in line 4:						
	4a. Real	estate taxes				4a. S	\$	0.00
	4b. Prope	erty, homeowner's	s, or renter	's insurance		4b. S	\$	0.00
		e maintenance, re	•			4c. S		50.00
_		eowner's associat				4d. \$		0.00
5.	Additional ı	mortgage payme	ents for yo	our residence, such as ho	me equity loans	5. \$	<b>5</b>	0.00

# Case 15-11904-VFP Doc 1 Filed 02/03/15 Entered 02/03/15 14:31:55 Desc Main Document Page 23 of 50

Debtor 1 Elijah Johnson, Sr.	Case num	ber (if known)	
. Utilities:			
6a. Electricity, heat, natural gas	6a.	\$	350.00
6b. Water, sewer, garbage collection	6b.	\$	40.00
6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	200.00
6d. Other. Specify:	6d.	\$	0.00
Food and housekeeping supplies	<del></del> 7.	\$	750.00
Childcare and children's education costs	8.	\$	0.00
Clothing, laundry, and dry cleaning	9.	\$	70.00
Personal care products and services	10.	\$	50.00
. Medical and dental expenses	11.	\$	50.00
Transportation. Include gas, maintenance, bus or train fare.	11.	Ψ	30.00
Do not include car payments.	12.	\$	125.00
Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$	100.00
Charitable contributions and religious donations	14.	\$	0.00
i. Insurance.		-	
Do not include insurance deducted from your pay or included in lines 4 or 20.			
15a. Life insurance	15a.	\$	0.00
15b. Health insurance	15b.	\$	0.00
15c. Vehicle insurance	15c.	\$	300.00
15d. Other insurance. Specify:	15d.	\$	0.00
Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.			
Specify: property taxes	16.	\$	600.00
Installment or lease payments:	<u></u>		
17a. Car payments for Vehicle 1	17a.	\$	0.00
17b. Car payments for Vehicle 2	17b.	\$	0.00
17c. Other. Specify:	17c.	\$	0.00
17d. Other. Specify:	17d.	\$	0.00
Your payments of alimony, maintenance, and support that you did not report as	18.	\$	0.00
deducted from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 6I).  Other payments you make to support others who do not live with you.	10.	\$	
	19.	Φ	0.00
Specify:  Other real property expenses not included in lines 4 or 5 of this form or on Sche		our Incomo	
20a. Mortgages on other property	20a.		0.00
20b. Real estate taxes	20b.		0.00
20c. Property, homeowner's, or renter's insurance	20c.	·	0.00
20d. Maintenance, repair, and upkeep expenses	20d.		0.00
20e. Homeowner's association or condominium dues	20a.	\$	
		· . —	0.00
Other: Specify:		+\$	0.00
. Your monthly expenses. Add lines 4 through 21.	22.	\$	5,235.00
The result is your monthly expenses.			
. Calculate your monthly net income.			
23a. Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$	7,245.00
23b. Copy your monthly expenses from line 22 above.	23b.	-\$	5,235.00
23c. Subtract your monthly expenses from your monthly income.	00:	¢	2 040 00
The result is your monthly net income.	23c.	\$	2,010.00
Do you expect an increase or decrease in your expenses within the year after yo For example, do you expect to finish paying for your car loan within the year or do you expect your modification to the terms of your mortgage?			e or decrease because o
No.			
☐ Yes.			
Explain:			

Doc 1 Filed 02/03/15 Entered 02/03/15 14:31:55 Desc Main Case 15-11904-VFP

B6 Declaration (Official Form 6 - Declaration). (12/07)

Page 24 of 50 Document

### **United States Bankruptcy Court District of New Jersey**

In re	Elijah Johnson, Sr.		Case No.		
		Debtor(s)	Chapter	13	
	<b>DECLARATION C</b>	ONCERNING DEBTOR'	'S SCHEDUL	ES	

DECLARATION LINDER PENALTY OF PERILIRY BY INDIVIDUAL DEBTOR

	DECLARATION	CONDENTENALTI	of Terson's Definitional debitor	
	I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of _sheets, and that they are true and correct to the best of my knowledge, information, and belief.			
Date	February 3, 2015	Signature	/s/ Elijah Johnson, Sr. Elijah Johnson, Sr. Debtor	

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

Case 15-11904-VFP Doc 1 Filed 02/03/15 Entered 02/03/15 14:31:55 Desc Main Document Page 25 of 50

B7 (Official Form 7) (04/13)

### United States Bankruptcy Court District of New Jersey

		•		
In re	Elijah Johnson, Sr.		Case No.	
		Debtor(s)	Chapter	13

#### STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

#### **DEFINITIONS**

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any persons in control of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(2), (31).

#### 1. Income from employment or operation of business

None

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
\$3,000.00	2014 income
\$4,000.00	2013 income
\$0.00	2015 income

#### 2. Income other than from employment or operation of business

None

State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE

\$3,600.00 2015 pension, rental and social security

## Case 15-11904-VFP Doc 1 Filed 02/03/15 Entered 02/03/15 14:31:55 Desc Main Document Page 26 of 50

B7 (Official Form 7) (04/13)

2

AMOUNT SOURCE

\$62,000.00 2014 pension, social security and rent

#### 3. Payments to creditors

None

Complete a. or b., as appropriate, and c.

a. *Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS
OF CREDITOR
DATES OF
PAYMENTS
AMOUNT PAID
OWING

None

b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$6,225\*. If the debtor is an individual, indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DATES OF PAYMENTS/ VALUE OF AMOUNT STILL NAME AND ADDRESS OF CREDITOR TRANSFERS TRANSFERS OWING

None

c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR

DATE OF PAYMENT

AMOUNT PAID

AMOUNT STILL OWING

#### 4. Suits and administrative proceedings, executions, garnishments and attachments

None

a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT NATURE OF COURT OR AGENCY STATUS OR AND CASE NUMBER PROCEEDING AND LOCATION DISPOSITION

None

b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED DATE OF SEIZURE DESCRIPTION AND VALUE OF PROPERTY

<sup>\*</sup> Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

#### Case 15-11904-VFP Doc 1 Filed 02/03/15 Entered 02/03/15 14:31:55 Desc Main Document Page 27 of 50

B7 (Official Form 7) (04/13)

3

#### 5. Repossessions, foreclosures and returns

None

List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER Gerard Reichardt c/o Leonard and Leonard, PC Linden, NJ 07036 DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN May 2013

DESCRIPTION AND VALUE OF PROPERTY 1105 Charles Street, Linden NJ,

#### 6. Assignments and receiverships

None

a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE

DATE OF ASSIGNMENT

TERMS OF ASSIGNMENT OR SETTLEMENT

None

b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CUSTODIAN NAME AND LOCATION OF COURT CASE TITLE & NUMBER

DATE OF ORDER DESCRIPTION AND VALUE OF

PROPERTY

#### 7. Gifts

None

List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION

RELATIONSHIP TO DEBTOR, IF ANY

DATE OF GIFT

DESCRIPTION AND VALUE OF GIFT

#### 8. Losses

None

List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case.** (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY

DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS

DATE OF LOSS

### Case 15-11904-VFP Doc 1 Filed 02/03/15 Entered 02/03/15 14:31:55 Desc Main Document Page 28 of 50

B7 (Official Form 7) (04/13)

4

#### 9. Payments related to debt counseling or bankruptcy

None

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE

Bruce W. Radowitz, Esq. PA 636 Chestnut Street Union, NJ 07083 DATE OF PAYMENT, NAME OF PAYER IF OTHER THAN DEBTOR AMOUNT OF MONEY
OR DESCRIPTION AND VALUE
OF PROPERTY

\$1,000.00

#### 10. Other transfers

None

a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR

DATE

DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED

None b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER

DEVICE

DATE(S) OF TRANSFER(S) AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST

ANSFER(S) IN PROPERTY

#### 11. Closed financial accounts

None

List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION

TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE

AMOUNT AND DATE OF SALE OR CLOSING

#### 12. Safe deposit boxes

None

List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY

NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY

DESCRIPTION OF CONTENTS

DATE OF TRANSFER OR SURRENDER, IF ANY

#### 13. Setoffs

None

List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR

DATE OF SETOFF

AMOUNT OF SETOFF

### Case 15-11904-VFP Doc 1 Filed 02/03/15 Entered 02/03/15 14:31:55 Desc Main Document Page 29 of 50

B7 (Official Form 7) (04/13)

5

#### 14. Property held for another person

None List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER DESCRIPTION AND VALUE OF PROPERTY LOCATION OF PROPERTY

#### 15. Prior address of debtor

None

If the debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS NAME USED DATES OF OCCUPANCY

#### 16. Spouses and Former Spouses

None

If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

#### 17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

None

a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

NAME AND ADDRESS OF DATE OF ENVIRONMENTAL SITE NAME AND ADDRESS GOVERNMENTAL UNIT NOTICE LAW

None b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous

Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

NAME AND ADDRESS OF DATE OF ENVIRONMENTAL SITE NAME AND ADDRESS GOVERNMENTAL UNIT NOTICE LAW

None c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the

the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF GOVERNMENTAL UNIT

DOCKET NUMBER

STATUS OR DISPOSITION

### Case 15-11904-VFP Doc 1 Filed 02/03/15 Entered 02/03/15 14:31:55 Desc Main Document Page 30 of 50

B7 (Official Form 7) (04/13)

6

#### 18. Nature, location and name of business

None

a. If the debtor is an individual, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within six years immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within six vears immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within six vears immediately preceding the commencement of this case.

LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO. (ITIN)/ COMPLETE EIN ADDRESS

BEGINNING AND NATURE OF BUSINESS ENDING DATES

None b Id

b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

**NAME** 

NAME ADDRESS

The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within **six years** immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

(An individual or joint debtor should complete this portion of the statement **only** if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)

#### 19. Books, records and financial statements

None

a. List all bookkeepers and accountants who within **two years** immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

#### NAME AND ADDRESS

DATES SERVICES RENDERED

None b. List all firms or individuals who within the **two years** immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

NAME ADDRESS

DATES SERVICES RENDERED

None c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

NAME ADDRESS

None d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within **two years** immediately preceding the commencement of this case.

NAME AND ADDRESS DATE ISSUED

Case 15-11904-VFP Doc 1 Filed 02/03/15 Entered 02/03/15 14:31:55 Desc Main Document Page 31 of 50

B7 (Official Form 7) (04/13)

7

#### 20. Inventories

None

a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

DATE OF INVENTORY

INVENTORY SUPERVISOR

DOLLAR AMOUNT OF INVENTORY

(Specify cost, market or other basis)

None b List th

b. List the name and address of the person having possession of the records of each of the inventories reported in a., above.

NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY RECORDS

DATE OF INVENTORY

21. Current Partners, Officers, Directors and Shareholders

None

a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS

NATURE OF INTEREST

PERCENTAGE OF INTEREST

None b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

NAME AND ADDRESS

TITLE

NATURE AND PERCENTAGE OF STOCK OWNERSHIP

22. Former partners, officers, directors and shareholders

None

a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

NAME

None

**ADDRESS** 

DATE OF WITHDRAWAL

b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS

TITLE

DATE OF TERMINATION

23. Withdrawals from a partnership or distributions by a corporation

None

If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

NAME & ADDRESS OF RECIPIENT, RELATIONSHIP TO DEBTOR

DATE AND PURPOSE OF WITHDRAWAL

AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY

24. Tax Consolidation Group.

None

If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within **six years** immediately preceding the commencement of the case.

NAME OF PARENT CORPORATION

TAXPAYER IDENTIFICATION NUMBER (EIN)

Case 15-11904-VFP Doc 1 Filed 02/03/15 Entered 02/03/15 14:31:55 Desc Main Document Page 32 of 50

B7 (Official Form 7) (04/13)

8

### 25. Pension Funds.

None

If the debtor is not an individual, list the name and federal taxpayer-identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

NAME OF PENSION FUND

TAXPAYER IDENTIFICATION NUMBER (EIN)

\* \* \* \* \* \*

#### DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date February 3, 2015

Signature /s/ Elijah Johnson, Sr.

Elijah Johnson, Sr.

Debtor

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

Case 15-11904-VFP Doc 1 Filed 02/03/15 Entered 02/03/15 14:31:55 Desc Main Document Page 33 of 50

### United States Bankruptcy Court District of New Jersey

		District of New Sersey					
In re	e Elijah Johnson, Sr.	Debtor(s)	Case No. Chapter	13			
		Debioi(s)	Chapter	13			
	DISCLOSURE OF COM	PENSATION OF ATTOR	RNEY FOR DE	CBTOR(S)			
1.	Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule paid to me within one year before the filing of the pebehalf of the debtor(s) in contemplation of or in contemplation.	etition in bankruptcy, or agreed to b	e paid to me, for serv				
	For legal services, I have agreed to accept		\$	3,500.00			
	Prior to the filing of this statement I have receive			1,000.00			
				2,500.00			
2.	\$ of the filing fee has been paid.						
3.	The source of the compensation paid to me was:						
	■ Debtor □ Other (specify):						
4.	The source of compensation to be paid to me is:						
	■ Debtor □ Other (specify):						
5.	■ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm						
	☐ I have agreed to share the above-disclosed comp copy of the agreement, together with a list of the				firm. A		
6.	In return for the above-disclosed fee, I have agreed t	In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:					
	<ul> <li>a. Analysis of the debtor's financial situation, and restricted between the preparation and filing of any petition, schedules,</li> <li>c. Representation of the debtor at the meeting of credit of the provisions as needed.</li> <li>Negotiations with secured creditors reaffirmation agreements and applications of the provisions of the provisions as needed.</li> </ul>	statement of affairs and plan which editors and confirmation hearing, ar to reduce to market value; exe ations as needed; preparation	may be required; ad any adjourned hea emption planning;	rings thereof;	ng of		
7.	By agreement with the debtor(s), the above-disclosed Representation of the debtors in any any other adversary proceeding.			es, relief from stay a	ctions or		
		CERTIFICATION					
	I certify that the foregoing is a complete statement of bankruptcy proceeding.	f any agreement or arrangement for	payment to me for re	epresentation of the deb	tor(s) in		
Date	ed: February 3, 2015	/s/ Bruce W. Rado					
		Bruce W. Radowi					
		Bruce W. Radowi 636 Chestnut Stre	•				
		Union, NJ 07083	<del>56</del> 1				
		(908) 687-2333 F		)			
		bradowitz@como	ast.net				

## UNITED STATES BANKRUPTCY COURT DISTRICT OF NEW JERSEY

## NOTICE TO CONSUMER DEBTOR(S) UNDER § 342(b) OF THE BANKRUPTCY CODE

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

### 1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days before the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

#### 2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

#### Chapter 7: Liquidation (\$245 filing fee, \$75 administrative fee, \$15 trustee surcharge: Total Fee \$335)

Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, the United States trustee (or bankruptcy administrator), the trustee, or creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

## <u>Chapter 13</u>: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$75 administrative fee: Total Fee \$310)

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the

# Case 15-11904-VFP Doc 1 Filed 02/03/15 Entered 02/03/15 14:31:55 Desc Main Document Page 35 of 50

Form B 201A, Notice to Consumer Debtor(s)

Page 2

Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

#### Chapter 11: Reorganization (\$1,167 filing fee, \$550 administrative fee: Total Fee \$1,717)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

#### Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$75 administrative fee: Total Fee \$275)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

#### 3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

**WARNING:** Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The documents and the deadlines for filing them are listed on Form B200, which is posted at <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure</a>.

Case 15-11904-VFP Doc 1 Filed 02/03/15 Entered 02/03/15 14:31:55 Desc Main Document Page 36 of 50

B 201B (Form 201B) (12/09)

	Uni	ted States Bankruptcy Co District of New Jersey	ourt	
In re	Elijah Johnson, Sr.		Case No.	
		Debtor(s)	Chapter	13
0.1		OF NOTICE TO CONSUM 42(b) OF THE BANKRUPT Certification of Debtor we received and read the attached r	CCY CODE	,
Code. Elijah	Johnson, Sr.	X <i>∖</i> s/ Elijah Joh	nson. Sr.	February 3, 2015
	d Name(s) of Debtor(s)	Signature of I	•	Date
Case 1	No. (if known)	X		
		Signature of I	oint Debtor (if any)	Date

Instructions: Attach a copy of Form B 201 A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C.  $\S$  342(b) only if the certification has NOT been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

Case 15-11904-VFP Doc 1 Filed 02/03/15 Entered 02/03/15 14:31:55 Desc Main Document Page 37 of 50

## **United States Bankruptcy Court**District of New Jersey

		District of New Jersey		
In re	Elijah Johnson, Sr.		Case No.	
		Debtor(s)	Chapter	13
	VER	IFICATION OF CREDITOR	MATRIX	
Γhe abo	ove-named Debtor hereby verifies	that the attached list of creditors is true and c	orrect to the best	of his/her knowledge.
Date:	February 3, 2015	/s/ Elijah Johnson, Sr.		

Signature of Debtor

BlueVirgo Capital Managment, LLC 1441 Broadway, Suite 5010 New York, NY 10018

Borough of Roselle Tax Collector 210 Chestnt Street Roselle, NJ 07203

Chase Auto Finance Po Box 78067 Phoenix, AZ 85062

City of Linden c/o Joshua Raymond, Esq 347 Mt. Pleasant Avenue, Suite 300 West Orange, NJ 07052

JP Morgan Chase Bank, NA National Bankrtupcy Depart Po Box 901032 Fort Worth, TX 76101

LVNV Funding, LLC its successor and assignee of OSI Resurgent Capital Service Po Box 10587 Greenville, SC 29603

M&T Bank servicer for Lakeview loan c/o Alexandra T. Garica, Esq 216 Haddon Avenue, Ste 201 Westmont, NJ 08108

New Jersey Ameican Water Po Box 578 Alton, IL 62002

PSE&G Po Box 490 Cranford, NJ 07016

Resurgent Capital Service Po Box 10587 Greenville, SC 29603

## Case 15-11904-VFP Doc 1 Filed 02/03/15 Entered 02/03/15 14:31:55 Desc Main Document Page 39 of 50

Stout Street Fund, I, LP c/o Fenstermaker & Fenstemaker, PC 1322 North Avenue Elizabeth, NJ 07208

Fill in this information to identify your case:								
Debtor 1 Elijah Johnson, Sr.								
Debtor 2 (Spouse, if filing)								
United States Bankruptcy Court for the: <u>District of New Jersey</u>								
Case number(if known)								

Check	c as directed in lines 17 and 21:						
	ording to the calculations required by this rement:						
	1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3)						
	Disposable income is determined under 11 U.S.C. § 1325(b)(3)						
☐ 3. The commitment period is 3 years.							
	4. The commitment period is 5 years.						

☐ Check if this is an amended filing

### Official Form 22C-1

# **Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period**

12/14

as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

#### Part 1: Calculate Your Average Monthly Income

- 1. What is your marital and filing status? Check one only.
  - ☐ Not married. Fill out Column A, lines 2-11.
  - Married. Fill out both Columns A and B. lines 2-11.

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

you have nothing to report for any line, write \$0	in the space.		7.1	,	Ť
			Column A Debtor 1	mn B or 2 or filing spouse	
<ol><li>Your gross wages, salary, tips, bonuses, of payroll deductions).</li></ol>	overtime, and co	ommissions (before all	\$0.00	\$ 4,845.00	
<ol> <li>Alimony and maintenance payments. Do n Column B is filled in.</li> </ol>	ot include payme	ents from a spouse if	\$ 0.00	\$ 0.00	
4. All amounts from any source which are re- of you or your dependents, including child from an unmarried partner, members of your and roommates. Include regular contributions filled in. Do not include payments you listed o	<b>I support.</b> Include household, your strom a spouse of	le regular contributions dependents, parents,	\$0.00	\$ 0.00	
5. Net income from operating a business, pro	ofession, or fari	n			
Gross receipts (before all deductions)	\$_	0.00			
Ordinary and necessary operating expenses	-\$	0.00			
Net monthly income from a business, profess	ion, or farm \$	0.00 Copy here ->	<b>0.00</b>	\$ 0.00	
6. Net income from rental and other real prop	perty				
Gross receipts (before all deductions)	\$	2,000.00			
Ordinary and necessary operating expenses	-\$	600.00			
Net monthly income from rental or other real property	\$	1,400.00 Copy here ->	\$ 1,400.00	\$ 0.00	

Official Form 22C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

## Case 15-11904-VFP Doc 1 Filed 02/03/15 Entered 02/03/15 14:31:55 Desc Main Document Page 41 of 50

Debtor	Elijah Johnson, Sr.			Case nu	mber (if known)			
				Column Debtor		Column B Debtor 2 non-filing	or	
7.	Interest, dividends, and royalties			\$	0.00	\$	0.00	
	Unemployment compensation			\$	0.00	\$	0.00	
	Do not enter the amount if you contend the the Social Security Act. Instead, list it here		ed was a benefit under					
	For you	\$	1,965.00					
	For your spouse		0.00					
	Pension or retirement income. Do not in benefit under the Social Security Act.		ceived that was a	\$	1,705.00	\$	0.00	
	Income from all other sources not liste Do not include any benefits received undereceived as a victim of a war crime, a crim domestic terrorism. If necessary, list other total on line 10c.	er the Social Security ne against humanity, o	Act or payments or international or					
	10a.			\$	0.00	\$	0.00	
	10b.			\$	0.00	\$	0.00	
	10c. Total amounts from separate page	jes, if any.	+	\$	0.00	\$	0.00	
	Calculate your total current monthly ince each column. Then add the total for Columnation			3,105.0	<u>o</u> + s _	4,845.00	= \$	7,950.00
Part :	Determine How to Measure Your	Deductions from In	come				· · ·	onthly income
13.	Copy your total average monthly incom Calculate the marital adjustment. Check  You are not married. Fill in \$0 on line You are married and your spouse is a your are married and your spouse is	k one: 3d.  filing with you. Fill in (	) in line 13d.				\$	7,950.00
	Fill in the amount of the income listed dependents, such as payment of the In line 13a-c, specify the basis for ex	d in line 11, Column E spouse's tax liability	or the spouse's suppo	rt of some	eone other th	an you or yo	ur depend	ents.
	adjustments on a separate page.  If this adjustment does not apply, ent	tor 0 on line 13d						
	13a.	er o on line 13u.	\$					
	13b							
	13c.		+\$					
	13d. Total			ı	0.00 Co	py here=> 13	8d	0.00
14.	Your current monthly income. Subtract					14	4. \$ <u> </u>	7,950.00
15.	Calculate your current monthly incom	e for the year. Follo	w these steps:					
	15a. Copy line 14 here=>					15	ia. \$	7,950.00
	Multiply line 15a by 12 (the number						<b>x</b>	12
	15b. The result is your current monthly	income for the year fo	or this part of the form			15	5b. \$	95,400.00

Case 15-11904-VFP Doc 1 Filed 02/03/15 Entered 02/03/15 14:31:55 Desc Main Document Page 42 of 50

Debte	or 1	Elijah Johnson, Sr.		Case number (if known)			
16	Calc	ulate the median family income that applies to	vou. Follow these ste	ns:			
		Fill in the state in which you live.	NJ	<b>,</b>			
	401						
		Fill in the number of people in your household.	2				70 945 00
	16C.	Fill in the median family income for your state and To find a list of applicable median income amount instructions for this form. This list may also be ava	s, go online using the		16c.	\$	70,845.00
17	. How	do the lines compare?					
	17a.	☐ Line 15b is less than or equal to line 16c. 11 U.S.C. § 1325(b)(3). <b>Go to Part 3.</b> Do					determined under
	17b.	Line 15b is more than line 16c. On the top 1325(b)(3). <b>Go to Part 3 and fill out Calc</b> current monthly income from line 14 above	ulation of Disposabl				
Par	t 3:	Calculate Your Commitment Period Under 1	I U.S.C. §1325(b)(4)				
18.	Сор	your total average monthly income from line	11 .		18.	\$	7,950.00
19.	<b>Ded</b> cont	act the marital adjustment if it applies. If you are and that calculating the commitment period under se's income, copy the amount from line 13d.	e married, your spous	e is not filing with you, and you			
	If the	marital adjustment does not apply, fill in 0 on line	19a.		19a. <b>-</b> ∶	\$	0.00
	Sub	ract line 19a from line 18.			19b.	\$	7,950.00
20	0-1-		. Fallow these stems				
20.		ulate your current monthly income for the year			20a.	¢	7,950.00
	20a.	Copy line 19b here				Ψ	<u> </u>
		Multiply by 12 (the number of months in a year).				<u>x</u>	12
	20b.	The result is current monthly income for the year	for this part of the form	1	20b.	\$	95,400.00
	20c.	Copy the median family income for your state and	I size of household fro	m line 16c		\$	70,845.00
	21.	How do the lines compare?					_
		Line 20b is less than line 20c. Unless otherw period is 3 years. Go to Part 4.	rise ordered by the co	urt, on the top of page 1 of this form	, check t	oox 3, 7	The commitment
		Line 20b is more than or equal to line 20c. U commitment period is 5 years. Go to Part 4.	nless otherwise order	ed by the court, on the top of page 1	of this f	orm, ch	eck box 4, The
Par	t 4:	Sign Below					
		gning here, under penalty of perjury I declare that	the information on this	s statement and in any attachments	is true a	nd corr	ect.
)	( /s/	Elijah Johnson, Sr.					
•	Eli	ah Johnson, Sr. nature of Debtor 1					
	_	February 3, 2015					
		MM / DD / YYYY	_				
	-	uchecked line 17a, do NOT fill out or file Form 220 uchecked line 17b, fill out Form 22C-2 and file it w		9 of that form, copy your current me	onthly in	come fr	om line 14 above.
	-	checked line 17a, do 14CT in out of the 10th 22d in the 17b, fill out Form 22C-2 and file it w		9 of that form, copy your current mo	onthly in	come fr	om line 14 above.

Official Form 22C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

Case 15-11904-VFP Doc 1 Filed 02/03/15 Entered 02/03/15 14:31:55 Desc Main Document Page 43 of 50

				ı		
Fill in	this information to	lentify your case:				
Debto	r 1 <u>Elijah Jol</u>	nson, Sr.				
Debto (Spou	r 2 se, if filing)					
United	l States Bankruptcy C	urt for the: District of New Jersey				
Case (if kno	number wn)			☐ Check	if this is an amended	d filing
	cial Form 220 pter 13 Cal	∑ - 2 ulation of Your Dis	posable Ir	ncome		12/1
	out this form, you wi	need your completed copy of <i>Ch</i> I Form 22C-1).	apter 13 Stateme	nt of Your Current Monthly i	ncome and Calculation	on of
space	is needed, attach a s	e as possible. If two married peop parate sheet to this form, Include name and case number (if known	the line number			
Part 1	Calculate Your	Deductions from Your Income				
the info	questions in lines 6 ormation may also be	rvice (IRS) issues National and Lo 5. To find the IRS standards, go o available at the bankruptcy clerk'	online using the I s office.	ink specified in the separate	instructions for this	form. This
ехр	enses if they are high	nts set out in lines 6-15 regardless or r than the standards. Do not include any amounts that you subtracted fro	any operating exp	enses that you subtracted from	n income in lines 5 and	
If yo	our expenses differ fro	n month to month, enter the average	e expense.			
Not	e: Line numbers 1-4 a	e not used in this form. These numb	ers apply to inform	nation required by a similar for	m used in chapter 7 ca	ses.
5.	The number of peo	le used in determining your dedu	ctions from inco	ne		
		eople who could be claimed as exe y additional dependents whom you in your household.			2	
Nat	ional Standards	You must use the IRS National	Standards to answ	ver the questions in lines 6-7.		
6.		other items: Using the number of pollar amount for food, clothing, and		in line 5 and the IRS National	\$	1,092.00
7.	the dollar amount fo people who are 65 c	n care allowance: Using the number out-of-pocket health care. The number olderbecause older people have a smount, you may deduct the addition	per of people is sp higher IRS allowa	it into two categoriespeople vance for health car costs. If you	who are under 65 and	

Official Form 22C-2

Case 15-11904-VFP Doc 1 Filed 02/03/15 Entered 02/03/15 14:31:55 Desc Main Document Page 44 of 50

Debtor 1	Elijah Johnson, Sr.	Case number (if known)	
		·	

Peopl	e who are under 65 years of age	
7	a. Out-of-pocket health care allowance per person	\$60_
7	b. Number of people who are under 65	X <u> </u>
7	c. Subtotal. Multiply line 7a by line 7b.	\$120.00 Copy line 7c here=> \$120.00
Peopl	e who are 65 years of age or older	
7	d. Out-of-pocket health care allowance per person	\$ <u>144</u>
7	e. Number of people who are 65 or older	×0
7	f. <b>Subtotal.</b> Multiply line 7d by line 7e.	\$ \$ Copy line 7f here=> \$ 0.00
7	g. <b>Total.</b> Add line 7c and line 7f	\$ 120.00 Copy total here=> 7g. \$ 120.00
housi To and To find clerk's 8. In	office.	the Program chart.  It is a rate instructions for this form. This chart may also be available at the bankruptcy the senses: Using the number of people you entered in line 5, fill
9	Using the number of people you entered in line 5, listed for your county for mortgage or rent expense.	ο <sub>-</sub> φ 2 210 00
9	b. Total average monthly payment for all mortgages a To calculate the total average monthly payment, a contractually due to each secured creditor in the 6 for bankruptcy. Then divide by 60.	dd all amounts that are
	Name of the creditor	Average monthly payment
	M&T Bank servicer for Lakeview loan c/o	\$\$
	9b. Total average monthly payme	S 3,000.00 Copy line 9b here=> -\$ 3,000.00
9	c. Net mortgage or rent expense.	
		Сору
	Subtract line 9b (total average monthly payment) for rent expense). If this amount is less than \$0, en	rom line 9a ( <i>mortgage</i>
10. <b>l</b> f	or rent expense). If this amount is less than \$0, en	ter \$0.  9c.  \$ 0.00 line 9c here=> \$ 0.00

Case 15-11904-VFP Doc 1 Filed 02/03/15 Entered 02/03/15 14:31:55 Desc Main Document Page 45 of 50

Debtor 1	Elijah Johnson, Sr.			Ca	se number (	(if known)		
11.	Local transportation expenses:	Check the number of v	ehicles for which	you claim an	ownershi	ip or operating	g expense.	
	☐ 0. Go to line 14.							
	■ 1. Go to line 12.							
	☐ 2 or more. Go to line 12.							
	<b>Vehicle operation expense:</b> Usin operating expenses, fill in the <i>Ope</i>							342.00
13.	Vehicle ownership or lease exp You may not claim the expense if				et owners	ship or lease e	xpense for each	ehicle below.
Vel	Describe Vehicle 1:	2008 Ford Expedition	n, 58,000 mile	s				
13a.	Ownership or leasing costs using	•	· ·	13a.	\$	517.00		
13b.	Average monthly payment for all of	debts secured by Vehic	e 1.					
	Do not include costs for leased ve	hicles.						
	To calculate the average monthly are contractually due to each sect bankruptcy. Then dived by 60.							
	Name of each creditor for	/ehicle 1	Average m payment	onthly				
	Chase Auto Finance		\$\$	12.37				
				Copy 13b here =>	-\$	12.37		
13c.	Net Vehicle 1 ownership or lease	•					Copy net Vehicle 1	
	Subtract line 13b from line 13a. if	this amount is less thar	\$0, enter \$0.	13c.	\$	504.63	expense here => \$	504.63
Vel	Describe Vehicle 2:						_	
13d.	Ownership or leasing costs using	IRS Local Standard		13d.	\$	0.00		
	Average monthly payment for all cleased vehicles.	lebts secured by Vehicl	e 2. Do not includ	de costs for				
	Name of each creditor for	/ehicle 2	Average m payment	onthly				
			\$\$					
				Copy 13e here =>	• -\$	0.00		
13f.	Net Vehicle 2 ownership or lease	•					Copy net Vehicle 2	
	Subtract line 13b from line 13a. if	this amount is less than	\$0, enter \$0.	13f.	\$	0.00	expense here => \$	0.00
14.	Public transportation expense: Transportation expense allowance				al Standa	ards, fill in the	□ Public \$	0.00
	Additional public transportation	n expense: If you claim	ed 1 or more veh	icles in line 1				
	also deduct a public transportation not claim more than the IRS Loca			ve is the appr	opriate ex	xpense, but yo	ou may \$	0.00

Case 15-11904-VFP Doc 1 Filed 02/03/15 Entered 02/03/15 14:31:55 Desc Main Document Page 46 of 50

Debtor 1 Elijah Johnson, Sr. Case number (if known)

16. Taxies: The total monthly amount that you will actually owe for federal, state and local taxes, such as income taxes, self-employment taxes, social security taxes. and Modicare taxes. You may include the expected refund by 12 and subtract that mumber from the total monthly amount that is withheld to pay for taxes.  Do not include real estate, sales, or use taxes.  17. Involutary deductions: The total monthly approll deductions that your job requires, such as retirement contributions, union dues, and uniform costs.  Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings.  18. Life insurance: The total monthly promition that is withheld from the insurance. If two married people are filling together, include payments that you make for your spouse series life insurance, or the married people are filling together, include payments that you make for your spouse series life insurance, or the married people are filling together, include payments that you make for your spouse series life insurance, or to rany form of life insurance cher than term.  19. Court-order payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments.  20. Education: The total monthly amount that you pay for education that is either required:  as a condition for your job your for bedien for your play are also explained for your play as a condition for your job your for bedien for your play to result in the payments for any elementary or secondary school education.  21. Childcare: The total monthly amount that you pay for childcare, such as babysiting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education.  22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health insurance that is required for the health and wedfare of your object health ingress day in the payments of payments for any elementa	Oth	ther Necessary Expenses In addition to the expense deductions listed above, you are allowed your monthly expenses for the following IRS categories.						
contributions, union dues, and uniform cosis.  Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings.  18. Life insurance: The total monthly premiums that you pay for your own term life insurance. If two married people are lifing together, include payments that you make for your spouses term life insurance. On on include premiums for life insurance on your dependents, to a non-fling spouse is life insurance. On on include payments.  19. Court-ordered payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or full support payments.  Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35.  20. Education: The total monthly amount that you pay for education that is either required: as a condition for your job. or for your physically or mentally challenged dependent child if no public education is available for similar services.  21. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education.  22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account should be listed only in line 25.  23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, lif is not reimbursed by your employer.  24. Add all of the expenses allowed under the IRS expense allowances listed in lines 6-24.  25. Health insurance, d	16.	self-employment taxes, social security taxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes.						840.00
Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings.  18. Life insurance: The total monthly premiums that you pay for your volue term life insurance. If two married people are fling together, include payments for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, for a non-fling spouse's life insurance, or for any form of life insurance on your dependents, for a non-fling spouse is life insurance. On rot include premiums for life insurance, or your dependents, for a non-fling spous por payments.  Do not include payments on past due obligations for spousa of child support Pyou will list these obligations in line 35.  0.00  20. Education: The total monthly amount that you pay for education that is either required: as a condition for your job, or mentally challenged dependent child if no public aducation is available for similar services.  10.00  11. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education.  12. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool.  13. Optional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings accounts though deliberated in line 7.  13. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as papers, call waiting, called identification, preciously deducted.  14. Add all of the expenses allowed under the IRS expense allowances service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 22A-1, or any amount you previously deducted.  15. Health insurance, disability i	17.			uctions the	at your job red	quires, such as retirement		
18. Life Insurance: The total monthly permitums that you pay for your own term life insurance. In two married people are filing together, include payments. The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments.  Do not include payments on past due obligations for spousal or child support your growth. You will list these obligations in line 35.  Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35.  Education: The total monthly amount that you pay for education is a silbable for similar services.  10.00  11. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education.  12. Additional health care expenses, excluding insurance consts: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7.  Payments for health insurance or health savings accounts should be listed only in line 25.  12. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell properties of the production of income, if it is not reimbursed by your employer.  12. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell properties, such as those reported on line 5 of Official Form 22A-1, or any amount you previously deducted.  12. Additional Expense Deductions  13. These are additional deductions allowed by the Means		, ,		b. such as	voluntary 40	1(k) contributions or payroll savings.	\$	1,020.00
administrative agency, such as spousal or child support payments.  Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35.  Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35.  Do not include payments or your job, or for your physically or mentally challenged dependent child if no public education is available for similar services.  Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool.  Do not include payments for any elementary or secondary school education.  Do not include payments for any elementary or secondary school education.  Do not include payments for any elementary or secondary school education.  Do not include payments for any elementary or secondary school education.  Do not include payments for any elementary or secondary school education.  Do not include payments for any elementary or secondary school education.  Payments for health savings account. Include only we amount that its more than the total entered in line 7.  Payments for health savings accounts should be listed only in line 25.  Do pot include payments for basic home telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer.  Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 22A-1, or any amount you previously deducted.  **Solution**  Additional Expense Deductions  These are additional deductions allowed by the Means Test.  Note: Do not include any expenses allowances listed in lines 6-24.  **Solution*	18.	<b>Life Insurance:</b> The total if	monthly premiums that you poments that you make for your	ay for you spouse's	r own term life term life insu	e insurance. If two married people are rance. Do not include premiums for life	\$	0.00
Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35.  20. Education: The total monthly amount that you pay for education that is either required: as a condition for your physically or mentally challenged dependent child if no public education is available for similar services.  21. Childcare: The total monthly amount that you pay for childcare, such as babysiting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education.  22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7.  23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents of base for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents of brough 23.  24. Add all of the expenses allowed under the IRS expense allowances.  25. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents.  26. Health insurance \$ 56.00	19.			, ,		by the order of a court or		
as a condition for your job, or for your physically or mentally challenged dependent child if no public education is available for similar services.  1. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education.  2. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7.  Payments for health insurance or health savings accounts should be listed only in line 25.  3. Optional telephone and telephone services: The total monthly amount that you pay for relecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer.  Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 22A-1, or any amount you previously deducted.  4. Add all of the expenses allowed under the IRS expense allowances.  Additional Expense Deductions  These are additional deductions allowed by the Means Test.  Note: Do not include any expenses allowances listed in lines 6-24.  4. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings account expenses, and the properties of t		•				You will list these obligations in line 35.	\$	0.00
21. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool.  Do not include payments for any elementary or secondary school education.  22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7.  Payments for health insurance or health savings accounts should be listed only in line 25.  23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer.  Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 22A-1, or any amount you previously deducted.  4. Add all of the expenses allowed under the IRS expense allowances.  Add lines 6 through 23.  Additional Expense Deductions  These are additional deductions allowed by the Means Test.  Note: Do not include any expense allowances listed in lines 6-24.  1. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance with the surface of	20.	as a condition for your job,	or			•	¢	0.00
Do not include payments for any elementary or secondary school education.  22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. Payments for health insurance or health savings accounts should be listed only in line 25.  23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer.  Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 22A-1, or any amount you previously deducted.  24. Add all of the expenses allowed under the IRS expense allowances.  Add lines 6 through 23.  Additional Expense Deductions  These are additional deductions allowed by the Means Test.  Note: Do not include any expenses listed in lines 6-24.  25. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents.  Health insurance  Disability insurance, and health savings account expenses. The monthly expenses that you will continue do you do you additional expenses.  \$ 56.00  Copy total here=>  \$ 56.00  Copy total here=>  \$ 0.00  Protection against family violence. The reasonably necessary monthly expenses that you incur to maint	21	, , , ,	, , ,	•			Ψ	
that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7.  Payments for health insurance or health savings accounts should be listed only in line 25.  3. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call vailing, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer.  Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 22A-1, or any amount you previously deducted.  4. Add all of the expenses allowed under the IRS expense allowances.  Add lines 6 through 23.  Additional Expense Deductions  These are additional deductions allowed by the Means Test.  Note: Do not include any expense allowances listed in lines 6-24.  25. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents.  Health insurance  \$ 56.00  Do you actually spend this total amount?  No. How much do you actually spend?  Yes  5. Continued contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ili, or disabled member of your household or member of your immediate family who is unable to pay for such expenses.  Continued contributions to the care of household prevention and s	۷1.		• • • •			nting, daycare, nursery, and presence.	\$	0.00
for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer.  Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 22A-1, or any amount you previously deducted.  4,648.63  4,648.63  4,648.63  4,648.63  4,648.63  Add all of the expenses allowed under the IRS expense allowances.  Add lines 6 through 23.  Additional Expense Deductions  These are additional deductions allowed by the Means Test.  Note: Do not include any expense allowances listed in lines 6-24.  25. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for your sepouse, or your dependents.  Health insurance  \$ 56.00  Disability insurance  \$ 0.00  Health savings account  +\$ 0.00  Total  \$ 56.00  Copy total here=>  \$ 56.00  Out total here=>  Personance of idabled member of your member of your bousehold or member of your immediate family who is unable to pay for such expenses.  Continued contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses.  Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.	22.	that is required for the hear by a health savings account	ith and welfare of you or your nt. Include only the amount th	depender at is more	nts and that is than the tota	s not reimbursed by insurance or paid Il entered in line 7.	\$	0.00
Add lines 6 through 23.  Additional Expense Deductions These are additional deductions allowed by the Means Test.  Note: Do not include any expense allowances listed in lines 6-24.  25. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents.  Health insurance \$ 56.00  Disability insurance \$ 0.00  Health savings account +\$ 0.00  Total \$ 56.00 Copy total here=> \$ 56.00  Do you actually spend this total amount?  No. How much do you actually spend?  Yes \$ \$  26. Continued contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses.  27. Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.	23.	for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer.  Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment						100.00
Note: Do not include any expense allowances listed in lines 6-24.  25. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents.  Health insurance \$ 56.00  Disability insurance \$ 0.00  Health savings account +\$ 0.00  Total \$ 56.00 Copy total here=> \$ 56.00  Do you actually spend this total amount?  No. How much do you actually spend?  Yes \$ \$  26. Continued contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses.  \$ 0.00  Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.	24.	•	allowed under the IRS expe	nse allow	ances.		\$	4,648.63
25. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents.  Health insurance \$ 56.00  Disability insurance \$ 0.00  Health savings account +\$ 0.00  Total \$ 56.00 Copy total here=> \$ 56.00  Do you actually spend this total amount?  No. How much do you actually spend?  Yes \$	Add	litional Expense Deduction	ns These are additional d	eductions	allowed by th	ne Means Test.	-	
insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents.  Health insurance \$ 56.00  Disability insurance \$ 0.00  Health savings account +\$ 0.00  Total \$ 56.00 Copy total here=> \$ 56.00  Do you actually spend this total amount?  No. How much do you actually spend?  Yes \$ \$  26. Continued contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses.  27. Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.			Note: Do not include a	ny expens	se allowances	s listed in lines 6-24.		
Disability insurance \$ 0.00  Health savings account +\$ 0.00  Total \$ 56.00 Copy total here=> \$ 56.00  Do you actually spend this total amount?  No. How much do you actually spend?  Yes \$  Continued contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses.  27. Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.	25.	insurance, disability insura					r	
Health savings account  Total  \$ 56.00  Copy total here=> \$ 56.00  Do you actually spend this total amount?  No. How much do you actually spend?  Yes  26. Continued contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses.  27. Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.		Health insurance		\$	56.00			
Do you actually spend this total amount?  No. How much do you actually spend?  Yes  S  Continued contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses.  Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.		Disability insurance		\$	0.00			
Do you actually spend this total amount?  No. How much do you actually spend?  Yes  Continued contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses.  27. Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.		Health savings account		+ \$	0.00			
No. How much do you actually spend?  Yes  Continued contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses.  Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.		Total		\$	56.00	Copy total here=>	\$	56.00
26. Continued contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses.  27. Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.		_ ' ' '				-		
continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses.  27. Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.		Yes		\$				
safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.	26.	continue to pay for the reas	sonable and necessary care	and suppo	ort of an elderl	ly, chronically ill, or disabled member of	\$	0.00
By law, the court must keep the nature of these expenses confidential.	27.						_	
		By law, the court must kee	p the nature of these expens	es confide	ential.		\$	0.00

Case 15-11904-VFP Doc 1 Filed 02/03/15 Entered 02/03/15 14:31:55 Desc Main Document Page 47 of 50

Debtor 1	Elijah Johnson, Sr.	Cas	se number (if k	known)					
28.	Additional home energy costs. Your home allowance on line 8.	e energy costs are included in your non-mort	gage hous	sing ar	nd utiliti	es			
	If you believe that you have home energy conon-mortgage housing and utilities allowance				Э				
	You must give your case trustee documentation of your actual expenses, and you must show that the additional amount claimed is reasonable and necessary.								0.00
29.	<ol> <li>Education expenses for dependent children who are younger than 18. The monthly expenses (not more than \$156.25* per child) that you pay for your dependent children who are younger than 18 years old to attend a private or public elementary or secondary school.</li> </ol>								
	You must give your case trustee documenta claimed is reasonable and necessary and no		explain wh	y the a	amount				
	* Subject to adjustment on 4/01/16, and ever	ry 3 years after that for cases begun on or at	fter the dat	e of a	djustme	ent.	\$		0.00
30.	80. <b>Additional food and clothing expense.</b> The monthly amount by which your actual food and clothing expenses are higher than the combined food and clothing allowances in the IRS National Standards. That amount cannot be more than 5% of the food and clothing allowances in the IRS National Standards.								
	To find a chart showing the maximum addition instructions for this form. This chart may also			sepa	rate				
	You must show that the additional amount cl	aimed is reasonable and necessary.					\$		0.00
31.	Continuing charitable contributions. The instruments to a religious or charitable organization		n the form	of cas	h or fina	ancial	\$		0.00
32.	32. Add all of the additional expense deductions Add lines 25 through 31.						\$_		56.00
Ded	uctions for Debt Payment								
I	For debts that are secured by an interest in oans, and other secured debt, fill in lines are calculated the total average monthly paymes creditor in the 60 months after you file for ban	33a through 33g.  Int, add all amounts that are contractually du							
	Mortgages on your home:							rage n ment	nonthly
33a.	Copy line 9b here					=>	\$		,000.00
33b.						=>	\$		12.37
33c.						=>	\$		0.00
Nam	e of each creditor for other secured debt	Identify property that secures the debt		Doe	es paym ude tax nsuranc	es	_		
					No				
33d.	Stout Street Fund, I, LP	1016 Bishop Evans Way, Linden, N	J		Yes		\$		650.00
					No		· –		
33e.					Yes		\$		
					No				
33f.					Yes		+\$_		
33g.	Total average monthly payment. Add lines	33a through 33f	\$	3,66	2.37	Copy total here		s;	3,662.37

Case 15-11904-VFP Doc 1 Filed 02/03/15 Entered 02/03/15 14:31:55 Desc Main Document Page 48 of 50

Debtor 1	Elija	h Johnson, Sr.			Case	e number (if known)			
0	or other	property necessary for yo	e 33 secured by your prima ur support or the support o			,			
	□ No.	Go to line 35.							
•	Yes.		must pay to a creditor, in ad- ssession of your property (ca the information below.						
Nam	ne of the	creditor	Identify property that secures the debt			Total cure amount	Monthly cure amount		e
		k servicer for loan c/o	211 Sherman Street, Linden, NJ 07036		036 \$	30,000.00	÷60 = \$	ţ	500.00
Sto	ut Stre	et Fund, I, LP	1016 Bishop Evans W	/ay, Linden, N	J \$	20,000.00	÷ 60 = \$	,	333.33
					\$		÷ 60 = +\$		
							Сору		
					Total	\$ 833.33	total here=>	\$	833.33
					]				
			ch as a priority tax, child so f your bankruptcy case? 11		ony - tha	t			
Г	_	Go to line 36.	your burna aproy outor 11	0.0.0. 3 007.					
			Il of these priority claims. Do	not include curre	ent or				
	_ 100.		ch as those you listed in line		ont or				
		Total amount of all past-d	ue priority claims			\$ 104,500.00	÷ 60 =	\$	1,741.67
F	or more	eligible to file a case unde information, go online using	r Chapter 13? 11 U.S.C. § 1 g the link for <i>Bankruptcy Bas</i> <i>Basics</i> may also be available	109(e). <i>ics</i> specified in th	ne separ	ate	-		,
	■ No. □ Yes.	Go to line 37. Fill in the following informa	tion.						
		Projected monthly plan pay	ment if you were filing under	r Chapter 13		\$			
		Administrative Office of the	district as stated on the list is United States Courts (for di- the Executive Office for Unite	stricts in Alabam	es	×	-		
		Average monthly administr	ative expense if you were fili	ng under Chapte	er 13	\$	Copy total here=> \$		
		of the deductions for deb	t payment.					\$ 6	,237.37
Total	l Deduc	tions from Income							
38. <b>A</b>	Add all d	of the allowed deductions.							
		ne 24, All of the expenses all e allowances	lowed under IRS	\$4	,648.63	_			
	Copy lin	ne 32, All of the additional ex	pense deductions	\$	56.00	_			
	Copy lir	ne 37, All of the deductions f		+\$ 6	,237.37				
	Total de	eductions		\$10	,942.00	Copy total here=	> \$		10,942.00

Case 15-11904-VFP Doc 1 Filed 02/03/15 Entered 02/03/15 14:31:55 Desc Main Document Page 49 of 50

Debtor 1	Elijah Johnson, Sr.		Ca	Case number (if known)				
Part 2:	Determine You	ur Disposable Income Under 11 U.S.C	C. § 1325(b)(2	2)				
39. Copy your total current monthly income from line 14 of Form 22 Statement of Your Current Monthly Income and Calculation of C					!		\$	7,950.00
40. Fill in any reasonably necessary income you receive for suppor children. The monthly average of any child support payments, foste disability payments for a dependent child, reported in Part I of Form received in accordance with applicable nonbankruptcy law to the ext necessary to be expended for such child.			its, foster care of Form 22C-	e payments, or 1, that you	\$	0	.00	
em in	41. Fill in all qualified retirement deductions. The monthly total of all amounts that your employer withheld from wages as contributions for qualified retirement plans, as specified in 11 U.S.C. § 541(b)(7) plus all required repayments of loans from retirement plans, as specified in 11 U.S.C. § 362(b)(19).				d \$	0	.00	
42. <b>To</b>	tal of all deduction	ons allowed under 11 U.S.C. § 707(b)(	(2)(A). Copy I	ine 38 here=	=> \$	10,942	.00	
43. <b>Deduction for special circumstances.</b> If special circumstances justify additional expenses and you have no reasonable alternative, describe the special circumstances and their expenses. You must give your case trustee a detailed explanation of the special circumstances and documentation for the expenses.								
Descr	ibe the special ci	rcumstances	1	Amount of exp	ense			
43a.			\$					
43b.			\$			<u>=</u>		
43c.			\$			-		
43d.	Total. Add lines	43a through 43c.	\$	0.00		py 43d re=> \$	0.00	
44. <b>To</b>	tal adjustments.	Add lines 40 through 43d.		=>	\$	10,942.00	Copy total here=> -\$	10,942.00
45. Calculate your monthly disposable income under § 1325(b)(2). Subtract line 44 from line 39.								
Part 3:		ome or Expenses						
46. Change in income or expenses. If the income in Form 22C-1 or the expenses you reported in this form have changed or are virtually certain to change after the date you filed your bankruptcy petition and during the time your case will be open, fill in the information below. For example, if the wages reported increased after you filed your petition, check 22C-1 in the first column, enter line 2 in the second column, explain why the wages increased, fill in when the increase occurred, and fill in the amount of the increase.								
Form	Line	Reason for change		Date of change	е	Increase or decrease?	Amount of ch	nange
☐ 220 ☐ 220 ☐ 220 ☐ 220 ☐ 220 ☐ 220 ☐ 220	2					☐ Increase ☐ Decrease ☐ Increase ☐ Decrease ☐ Increase ☐ Increase ☐ Decrease ☐ Increase ☐ Decrease ☐ Decrease	\$ \$ \$	

Case 15-11904-VFP Doc 1 Filed 02/03/15 Entered 02/03/15 14:31:55 Desc Main Document Page 50 of 50

Debtor 1	Elijah Johnson, Sr.	Case number (if known)
Part 4:	Sign Below	
E	By signing here, under penalty of perjury you declare that the inform	ation on this statement and in any attachments is true and correct.
х	/s/ Elijah Johnson, Sr.	
	Elijah Johnson, Sr. Signature of Debtor 1	
	February 3, 2015 MM/DD / YYYY	
	WW, 55 / 1111	
	WINIT DD 7 TTTT	